

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.
Registrations expire on January 31 unless a renewal is
submitted between December 1 and January 31.

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 12/11/97

1991715

REG

✓ # 97307991
#10.00
wmi

- **
1. NAME STEWART JOY L. MI
Last First MI
2. BUSINESS PHONE 504-566-3304
Area Code and Phone Number
3. BUSINESS ADDRESS 601 POYDRAS STREET NEW ORLEANS LA 70130
Street and No. City State Zip
4. EMPLOYER PAN AMERICAN LIFE INSURANCE COMPANY
5. EMPLOYER'S ADDRESS 601 POYDRAS STREET NEW ORLEANS LA 70130
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name PAN AMERICAN LIFE INSURANCE COMPANY
- Address 601 POYDRAS STREET NEW ORLEANS LA 70130
- Business or purpose INSURANCE COMPANY
- Does this person pay you? YES
- If No, who pays you? _____
2. Name _____
- Address _____
- Business or purpose _____
- Does this person pay you? _____
- If No, who pays you? _____

**NOTE NAME CHANGE FROM JOY S. JAKELIS TO JOY L. STEWART

LOBBYING REGISTRATION FORM

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Lobbyist's Registration Number

3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
5. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

State of LOUISIANA
Parish of ORLEANS

Before me, the undersigned authority, personally came and appeared JOY L. STEWART, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Joy L. Stewart
Signature of Lobbyist

Sworn to and subscribed before me on this 1st day of December, 19 97.

[Signature]
Notary Public

Rev. 8/97

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

